

**NOMINATION FORM FOR MEMBERSHIP
ON NELAC COMMITTEES, THE ACCREDITING AUTHORITY
REVIEW BOARD, OR THE
ENVIRONMENTAL LABORATORY ADVISORY BOARD (ELAB)**

Individuals may be nominated by another individual or submit a self-nomination. Please submit the following information in the format and order that is presented below. If you have questions, call Ms. Jeanne Hankins, NELAP Director, at 919/541-1120.

1. General Information

NOMINEES NAME:	Ms.	Mr.	Dr.	
TITLE:				
REPRESENTING:				
EMPLOYER:				
(IF DIFFERENT FROM ABOVE)				
ADDRESS:				
CITY, STATE, ZIP				
E-MAIL:				
TELEPHONE:			FAX:	

2. Stakeholder Interest Group Representation

Indicate the single major stakeholder interest grouping represented by this nominee:

	STATE AGENCY
	EPA
	OTHER FEDERAL AGENCY
	ENVIRONMENTAL INTEREST, ENVIRONMENTAL JUSTICE, POLLUTION PREVENTION, OR PUBLIC HEALTH GROUP
	INDIAN NATION
	LOCAL GOVERNMENT
	LABORATORY
	SMALL LABORATORY (<15 EMPLOYEES)
	LABORATORY OPERATING UNDER FIFRA/TSCA
	REGULATED INDUSTRY
	THIRD PARTY ASSESSOR
	ENGINEERING FIRM
	ACADEMIA
	OTHER (SPECIFY)

3. *Criteria for Selection*

Membership criteria for ELAB or the NELAC committees are presented below. Please explain briefly how the nominee meets these criteria.

The nominee has the ability to:

- Represent an affected party or stakeholder; (ELAB only)
- Cooperate effectively with other affected parties or stakeholders; (ELAB only)
- Communicate with affected parties or Stakeholders; (ELAB only)
- Commit a significant amount of time over a multi-year period; and
- Understand the NELAC process and the technical and/or policy issues pertaining to national environmental accreditation.

4. *Organization Description (ELAB only)*

If this nominee is affiliated with an organization, briefly describe the organization's mission, membership, history, and interest in NELAC/ELAB. Include the nominee's affiliation with the stakeholder interest group checked in #2.

5. *Individual Qualifications*

Insert a summary of the qualifications (background and experience) of the nominee to serve on this committee. A brief resume file can be inserted at this point in lieu of the summary.

6. *Nominator*

If you are nominating an individual (not a self-nomination), provide the following information:

NAME:			
ORGANIZATION:			
ADDRESS:			
CITY, STATE, ZIP			
E-MAIL:			
TELEPHONE:		FAX:	

7. *References*

Include the names, addresses and telephone numbers of one reference in the case of an nominator or two references is self nomination, who are familiar with the nominee and can discuss his or her abilities and experience related to the selection criteria outlined above.

NAME:			
ORGANIZATION:			
ADDRESS:			
CITY, STATE, ZIP			
E-MAIL:			
TELEPHONE:		FAX:	

NAME:			
ORGANIZATION:			
ADDRESS:			
CITY, STATE, ZIP			
E-MAIL:			
TELEPHONE:		FAX:	

8. *What committee would you like to volunteer for?*

	AARB		Program Policy and Structure
	ELAB		Quality Systems
	Board of Directors		Regulatory Coordination
	Accreditation Process		Membership and Outreach
	Accrediting Authority		Nominating
	Field Activities		National Database
	On-site Assessment		Transition
	Proficiency Testing		Other:

Please mail, e-mail, or fax the completed application form and attachment to: Ms. Sherry Clay, Chairman, NELAC Membership and Outreach Committee; Texas Department of Health, 1100 W. 49th St, Austin, Texas 78756; e-mail sherry.clay@tdh.state.tx.us or fax 512-458-7294.